



Your PRC-Salttillo Funding Source

Read Me First – Arizona Medicaid

Prescription Requirements

- Medicaid requires the prescription to be signed and dated by a licensed practitioner to include the following:
 - Dated within 365 days of prior authorization request
 - NPI number of the prescribing qualified health professional
 - Description of the speech generating device (SGD) system, accessories and/or mounting equipment

MCO Requirements

- Mercy Care and American Indian plans require office visit notes to document the need for the SGD and related equipment

Speech Language AAC Evaluation Requirements

An AAC evaluation must be performed by a qualified speech language pathologist. The evaluation report is valid for 1 year. A written copy of the evaluation and recommendations must be shared with the physician and submitted with the request for approval. An SGD will be covered when all of the following criteria has been detailed in the evaluation/report:

- Include a plan of care established by a credentialed and trained SLP and must include:
 - Signed and dated by the client's evaluation or treating licensed and certified SLP
 - NPI number of all the qualified health professionals certifying the plan of care
 - Itemization of the anticipated treatment service dosage (amount, frequency and duration) necessary for the member to use the SGD system
 - Current Procedural terminology (CPT) for the treatment service that most appropriately represents the proposed procedures or service
 - Long and short term goals of the treatment which are measureable and time specific objectives
 - Maintenance plan for discharge from treatment

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- Documentation of the appropriate ICD-10-CM medical and treating diagnoses and describe how the diagnoses relates to the client's communication needs
- Written report of the client's communication abilities and levels of function
- Documentation of how the prescribed SGD is medically necessary and is the most effective form of communication

**Please note, the Medicaid plan will only pay for items they deem to be medically necessary. For example, a screen protector is not a covered benefit.

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